

LOCAL BANKRUPTCY FORM 1007-1(c)

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

IN RE:

Jonathan Christopher Boliek : CHAPTER 13
: :
: :
: :
Debtor(s) : CASE NO. 4-19-bk-03398-RNO

CERTIFICATION OF NO PAYMENT ADVICES
pursuant to 11 U.S.C. § 521(a)(1)(B)(iv)

I, Jonathan C. Boliek, hereby certify that within sixty (60) days before the date of filing the above-captioned bankruptcy petition, I did not receive payment advices (e.g. "pay stubs"), as contemplated by 11 U.S.C. § 521(a)(1)(B)(iv), **from any source of employment**. I further certify that I received no payment advices during that period because:

- ☐ I have been unable to work due to a disability throughout the sixty (60) days immediately preceding the date of the above-captioned petition.
- ☒ I have received no regular income other than Social Security payments throughout the sixty (60) days immediately preceding the date of the above-captioned petition.
- ☐ My sole source of regular employment income throughout the sixty (60) days immediately preceding the date of the above-captioned petition has been through self-employment from which I do not receive evidence of wages or a salary at fixed intervals.
- ☐ I have been unemployed throughout the sixty (60) days immediately preceding the date of the above-captioned petition.
- ☐ I did not receive payment advices due to factors other than those listed above. (Please explain)

I certify under penalty of perjury that the information provided in this certification is true and correct to the best of my knowledge and belief.

DATE: 08/22/2019

J. C. Boliek
Debtor

Joint Debtor

Christina Kovach

From: pambml_automation@pamb.uscourts.gov on behalf of PAMB <rick_thompson@pamb.uscourts.gov>
Sent: Thursday, August 22, 2019 1:38 PM
To: PAMBml_fax
Subject: Form submission from: Electronic Document Submission System

Submitted on Thursday, August 22, 2019 - 13:37 Submitted by user:
Submitted values are:

Filer's Name: Jonathan Christopher Boliek Debtor's name (if different):

Filer's EMail Address: jcb@jcbcab.com

Filer's Phone Number: 8142066300

Case number (if known): 4-19-03398-RNO

Document (PDF format only)*:

http://www.pamb.uscourts.gov/sites/default/files/webform/docs/form_1007-1%28c%29.pdf

By clicking "submit" below you agree to each of the following:

1. I am intending to file the attached document with the court.
2. The attached document will not be considered filed with the court until I have received a confirmation e-mail from the court.
3. This filing is made in compliance with Fed. R. Bankr. P. 9011 and all applicable statutes and court rules.
4. I have reviewed the court's EDSS Administrative Procedures including the requirements pertaining to: (i) the service of documents filed with the court; (ii) my obligation to retain the original document(s) filed; (iii) ensuring documents are properly signed; and (iv) the payment of required fees.
5. I consent to receive notices or other papers from the Clerk of Court to the e-mail address set forth above.

By entering my name in the box below, I affirm that I am intending to sign this form with my signature and consent to use this electronic form.:

Jonathan Christopher Boliek